

MONTGOMERY COUNTY

COMMUNITY SERVICES GRANTS PROGRAM TO SUPPORT ENHANCEMENT FOR HEALTH AND HUMAN SERVICE PROJECTS FY2008

Montgomery County Department of Health and Human Services is pleased to continue the Community Services Grant program, which provides one-time grants to non-profit agencies for the purpose of enhancing health and human service projects that contribute to a safe, healthy and self-sufficient community. This effort is intended to provide modest (maximum of \$20,000) singular grants that will assist non-profit organizations with one-time only capital purchases.

I. PURPOSE AND DEFINITION

Grants will fund projects that support health and human service activities in Montgomery County. Funded projects will include capital improvements (renovations or equipment) of a one-time only nature. Such activities should directly contribute to the following outcomes: safe, healthy and self-sufficient clients or community. Salary or operating costs or funds to apply to deficits will not be considered eligible under this grants program. Grant funds are allocated to an organization in the form of a reimbursement, only after organization provides documentation verifying that it has purchased the project items delineated in the grant award.

All funded projects must originate and be completed between July 1, 2007 and June 30, 2008.

II. ELIGIBILITY

Any Montgomery County not-for-profit organization, institution or association providing health and human services are eligible to apply.

III. DEADLINE AND CALENDAR

- A. **Deadline for application is 3 p.m., Thursday, November 2, 2006. Incomplete applications or those received after 3 p.m. will be considered ineligible. Fairness to all applicants prevents any exceptions.**
- B. **All Applications must be hand-delivered, and must be received by 3 p.m. Thursday, November 2, 2006:** Deliver all applications to the Department of Health and Human Services, Office of the Director, 401 Hungerford Drive, 5th Floor, Rockville, Maryland 20850 ATTN: Shelia Farmer. **Applications will be accepted only at the 5th Floor of 401 Hungerford Drive, and not at any other location.**
- C. Grant applications will be reviewed by the Department of Health and Human Services (DHHS) and funding will be awarded on July 1, 2007.

1. Funded projects and expenditures of monies must occur between July 1, 2007 and June 30, 2008.

IV. APPLICATION AND FUNDING

- A. Applications must be typed and submitted on the appropriate forms with the required attachments. Failure to adhere to Grants Program Guidelines or provide the required attachments will result in the rejection of your application.
- B. Inclusion of in-kind services and or matching funds from other non-County Sources are strongly encouraged. These services or matching funds may be defined as any resources that expand the impact of the grant funds.
- C. An organization may submit only one application per grant period and per organization. Only one group or organization may apply per year, including different branches of same organization.
- D. Applicants must provide eight (8) collated copies of the following information as attachments to their applications. This information must be page numbered, stapled or clipped together, and attached to each application. The information is listed as follows:
 1. Proof of applicant's not-for-profit and incorporation status.
 2. Financial statement for applicant's last complete fiscal year.
 3. Complete budget for applicant's current fiscal year (total organization budget).
 4. Current list of applicant's Board of Directors, including addresses and telephone numbers of each individual.
 5. Grant Application Checklist should be attached to the front of each copy.
- E. Narrative should clearly list all proposed items/services to be purchased, explain nature and purpose of items/services, and provide brief explanation of how purchase will contribute to safe, healthy and self-sufficient clients or community.

All materials should be on 8 1/2" x 11" paper.
Do not submit in folders, plastic covers, binders, etc.

V. SPECIAL CONSIDERATION

- A. The program will give special priority to projects that meet one or more of the following:
 1. Contribute to a safe, healthy and self-sufficient community.
 2. Have financial or in-kind support from other, non-County sources.
 3. Encourage/support innovative, efficient delivery of services/technology.
- B. The activity should not duplicate or supplant funding for any existing effort (in context and stated objectives).

VI. SUPPORT RESTRICTIONS

- A. Grants will be awarded for projects in Montgomery County only. Organizations must operate in, and provide direct service to residents of Montgomery County. Organization headquarters can be outside of Montgomery County as long as organization demonstrates that the client populations to be served by grant funds are Montgomery County residents.
- B. The program generally will not fund:
 - 1. Projects that have an existing deficit from a previous year or a previous project.
 - 2. Projects that will require more than a one-time grant award.
 - 3. Projects of an ongoing nature.
 - 4. Projects that are implemented before the start or after the close of the granting period.
 - 5. Personnel, operating or salary expenses of the organization.
 - 6. Replacement of lost federal, state, United Way or other funding.

VII. EVALUATION CRITERIA

Applications will be reviewed against the following criteria:

- Applications will be judged on how well the grant funds will contribute to the County's health and human service outcome measures for a safe, healthy, self-sufficient community/client group and how the funds will add to the efficiency and effectiveness of the organization.
- Requested funds must be used for a capital expenditure (renovations, equipment, or technology improvements.)
- Applicant agencies must provide a human service that is deemed to be a public responsibility by County government. Services must be for the general benefit of the residents of the County. The intensity and quantity of need for the provided services must be demonstrated.
- Applications must demonstrate the effective use of volunteers whenever feasible.
- Applicant agencies must provide a program overview which indicates how the agency's services fit into the overall human services delivery system of Montgomery County and have a funding base which does not rely entirely on County grant funds.
- Applicant agencies must demonstrate cooperation and collaboration with agencies providing similar services.
- Applicant agencies must demonstrate effective resolution of any problem identified in previous financial audits.
- Applicants must be able to carry out the project.

VIII. REVIEW PROCESS

Applications are subject to the following levels of review and review criteria:

- A. Project Facilitator – The Project Facilitator is responsible for initial analysis:
 - 1. Completeness of application.
 - 2. Legibility and clarity.
 - 3. Compliance with applicable guidelines, including the one-time only nature of the project.
 - 4. Fiscal accuracy.
- B. Grants Review Panel – The Grants Review Panel includes both private citizen and public representation. The Panel will be chaired by the Director of the Department of Health and Human Services or his designee. The Review Panel will review applications based on the following criteria:
 - 1. Evaluation criteria list in Section VII.
 - 2. Legibility and clarity.
 - 3. Compliance with applicable guidelines.
 - 4. Applicability to special considerations.
- C. Recommendations to the County Executive – The Review Panel present its recommendations for awards to the Montgomery County Executive, who determines final approval and inclusion in the FY08 Recommended Operating Budget, based on the availability of funds. The final determination of awards is subject to County Council approval during its annual review of the FY08 budget.

IX. GRANT CONTRACT

- A. Grantees will be required to:
 - 1. Sign a contract detailing terms with Montgomery County.
 - 2. Assure the County that they intend to comply with Title VII of the Civil Rights Act of 1964, indicating that no person will be excluded from participation or be denied the benefits of any program, activity or service on the basis of race, sex, sexual preference, color, religion, ancestry, age, national origin or handicap.
 - 3. Acknowledgement must be given to Montgomery County in all publicity and in all promotional or informational materials used in connection with the funded project, i.e., programs, handbills, posters, radio and TV spots, etc.
 - 4. Submit to the County within 30 days of the completion of the project, a brief one-page summary of how the grant monies were used and how their use by the organization has contributed to the community outcomes of safety, health and self-sufficiency.

5. Assure item(s) will be used solely for purpose outlined in application for a period up to two years after grant. If organization does not comply, all items will be returned to Montgomery County.
- B. The County must be made aware of outstanding grant applications currently under consideration or recent awards in connection with the same or similar project.
- C. The Application Review Panel may reject grant applications not complying with these guidelines.

X. OTHER INFORMATION

- A. All questions concerning guidelines and eligibility should be directed to Montgomery County Health and Human Services well in advance of application deadline. For more information, call Shelia Farmer at 240-777-1285.
- B. Applicants must submit eight (8) complete, collated copies of the application. Applicants are encouraged to retain one additional complete copy for their files and reference.
- C. Grant applications will be reviewed and grants announced by July 1, 2007.
- D. Grant funds will be disseminated consistent with the terms of the contract. No funds will be available prior to July 1, 2007. If your agency is funded, you are not permitted to be reimbursed for purchases made prior to July 1, 2007, even if those items are consistent with requests made in your organization's grant application.

**MONTGOMERY COUNTY GRANTS PROGRAM
TO SUPPORT ENHANCEMENTS FOR
HEALTH AND HUMAN SERVICE PROJECTS
FY2008**

READ PROGRAM GUIDELINES BEFORE COMPLETING THIS FORM.

GENERAL RULES:

1. Late or incomplete grants will not be considered.
2. Applications must be typed.
3. All funded projects must occur between JULY 1, 2007 AND JUNE 30, 2008
4. Grants are to fund capital expenditures of a one-time only nature.
5. A Montgomery County based non-profit organization, institution or association must sponsor projects that are implemented in Montgomery County, MD.
6. Any organization that is delinquent in payment owed to Montgomery County shall be ineligible to receive funds through this grant program.
7. Acknowledgement must be given to the Montgomery County government in all publicity and promotional materials.

**MONTGOMERY COUNTY GRANTS PROGRAM
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HEALTH AND HUMAN SERVICE PROJECTS
FY2008**

FISCAL YEAR 2008 (July 1, 2007 – June 30, 2008)

I. APPLICANT/AGENCY INFORMATION:

A. Organization/Agency Name: _____

Street Address: _____

City, State, Zip: _____

Telephone Number(s): _____

Fax Number(s): _____

Executive Director/CEO: _____

Contact person if different from Executive Director: _____

Email address for Director and/or Contact: _____

Website address (URL) for organization: _____

B. Amount Requested: _____

C. Give a brief synopsis of your application in the space below:

Signature

Date

APPLICATION NARRATIVE

1. What is the mission of your agency? Please describe the programs and service of your agency, which support this mission statement. Please describe how your agency and services fit into the overall delivery of human services for Montgomery County. (Describe in one type written page or less. PLEASE DO NOT INCLUDE ATTACHMENTS, ANNUAL REPORTS, ETC.).
2. Specifically describe the project for which these grant funds will be used. Clearly list all proposed items/services to be purchased, explain nature and purpose of items/services, and provide brief explanation of how purchase will contribute to safe, healthy and self-sufficient clients or community.
3. Specifically describe the outcomes that will result from the expenditure of these grant funds. How do the outcomes relate to safe, healthy, and self-sufficient clients/community?
4. How will the outcomes be measured?
5. What innovative features, if any, are associated to the use of these funds?
6. How does this grant request fit into your overall agency budget? If your grant request is decreased by 3 percent – 5 percent, how will you accommodate this decrease to accomplish what you intend to do as described in Question 2?
7. Describe how these grant funds will be used in collaboration with other agencies, if appropriate.

PROJECT BUDGET

The following budget information pertains to only the project for which you are requesting funds. This should not be your organization's total operational budget. Plans and cost estimates for renovation projects must be attached. Equipment must be delineated by the number, type and unit cost of the equipment by equipment category and attached to this page.

Items	Requested Grant Funds for this Item	Organization's Funds for this Item (If Applicable)	Total
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Total Amount Requested: \$_____

ATTACHMENTS – ORGANIZATIONS

Per guidelines, **eight (8) copies** of the items listed below must be included with your application.

1. As applicable:
 - A. Proof of applicant's incorporation status issued by the State Department of Assessment and Taxation. (Application submitted to the State is not sufficient)
 - B. Proof of applicant's not-for-profit status issued by the Internal Revenue Service, Department of the Treasury. (Application submitted to the IRS is not sufficient)
 - C. Copy of the lease or letter from the owner of the facility approving any renovation project (if applicable).
2. Financial statement for applicant's last complete fiscal year.
3. Complete budget for applicant's current fiscal year (total organization budget).
4. Current list of applicant's Officers and Board. (If a sub-organization without own Board, include Board of parent organization). Include address and telephone numbers.

ASSURANCES

If the grant is awarded, the applicant assures that:

1. The applicant will administer funds.
2. Funds received under this grant will not be used to supplant any budgeted funds.
3. Funds received will be used solely for the documented activities and that those activities are of a one-time-only nature.
4. The applicant has read and will conform to the program guidelines and any other conditions imposed by the County in connection with the grant.
5. The applicant organization intends to comply with the Title VII of the Civil Rights Act of 1964, indicating that no person will be excluded from participation or be denied the benefits of any program, activity or service on the basis of race, sex, sexual preference, color, religion, ancestry, age, national origin, or handicap. The applicant further agrees to make every attempt to ensure that the program is accessible to persons with disabilities.
6. The filing of this application is made by the undersigned individual, officially authorized to represent the applicant organization by its governing board.

Signature of Person Completing Application: _____

Typed Name and Title

Date

MONTGOMERY COUNTY GRANTS PROGRAM
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HEALTH AND HUMAN SERVICES PROJECTS
FY08

FISCAL YEAR 2008 (July 1, 2007 – June 30, 2008)

NAME OF ORGANIZATION: _____

Amount of Proposal: \$ _____

Application Checklist:

- | | | |
|----|--|----------------------------|
| 1. | A. Cover sheet included? | Yes ____ No ____ Page ____ |
| | Agency's address listed? | Yes ____ No ____ Page ____ |
| | 2. Agency's phone number listed? | Yes ____ No ____ Page ____ |
| | 3. Agency's fax number listed? | Yes ____ No ____ Page ____ |
| | 4. Agency's contact person listed? | Yes ____ No ____ Page ____ |
| | 5. Agency's Executive Director listed? | Yes ____ No ____ Page ____ |

B. Copies

1. **Eight separate, individually-collated copies** Yes ____ No ____
Of application submitted?

2. Copy of checklist attached to each
Individually collated copy? Yes ____ No ____

C. Duplication with other county agencies? Yes ____ No ____ Page ____

1. Is there another grants program in Montgomery?
County government that would consider this
request applicable? Yes ____ No ____ Page ____

2. Have you applied elsewhere for the same
Items requested in this application? Yes ____ No ____
If so, where and for how much?
- _____
- _____

Is your agency or project Montgomery
County-based? Yes ____ No ____ Page ____

E. Project Budget form included?

Yes ____ No ____ Page ____

1. Are dollar amounts consistent with total Amount requested?

Yes ____ No ____ Page ____

F. Are requested attachments complete?

Yes ____ No ____ Page ____

1. Proof of applicant's incorporation status (Secretary of State Articles of Incorporation Certificate issued by the State Department Of Assessment and Taxation):

Yes ____ No ____ Page ____

2. Proof of applicant's not for profit status issued By the Internal Revenue Service, Department Of the Treasury:

Yes ____ No ____ Page ____

3. Copy of lease or letter from owner of facility Approving project for renovation (if applicable):

Yes ____ No ____ Page ____

4. Certified financial statement for applicants Last complete fiscal year (preferably an audit):

Yes ____ No ____ Page ____

5. Complete budget for applicant's current

Fiscal year (organization's total budget):

Yes ____ No ____ Page ____

6. Current list of applicant's Officers and Board:

Yes ____ No ____ Page ____

7. Current list of Board Members' addresses And telephone numbers:

Yes ____ No ____ Page ____

8. Brief synopsis given?

Yes ____ No ____ Page ____

Signature and Date?

Yes ____ No ____ Page ____

Mission of agency clearly outlined?

Yes ____ No ____ Page ____

Project Proposal?

Yes ____ No ____ Page ____

Project Outcomes?

Yes ____ No ____ Page ____

Project Evaluations?

Yes ____ No ____ Page ____

Innovative Features of Project described?

Yes ____ No ____ Page ____

Budget Issues and Impact of Reduced Funding?

Yes ____ No ____ Page ____

Collaborations with other agencies?

Yes ____ No ____ Page ____

- G. I attest that all of the above items/attachments have been included with this grants application. I understand that failing to provide any or all of the above documents will render this application ineligible.

Signature: _____

Date: _____

Do Not Write in this Box. Official Use Only.

Submitted application is: Complete: _____ Incomplete: _____

